

Primary Care Provider Designation Law Implementation Summary

Introduction

On June 11, 2012, a primary care provider (PCP) designation law ([Chapter 189/Chapter 202](#)) was enacted in Rhode Island. The law defines PCP as the physician, practice, or other medical provider considered by the insured to be his or her usual source of medical care. It holds the potential to support a wide range of important policy goals including producing a reliable way of attributing individuals to PCPs to make population-based analysis more feasible and helping to educate Rhode Islanders about the importance of having a PCP.

The law also authorizes the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to promulgate regulations to implement it (which OHIC has done in its [Regulation 2 § 9](#)). Below is a summary of the law's requirements.

Requirements

The law is effective as of January 1, 2013 and puts into the place the following requirements:

- **Collection:**
 - Commercial health insurance issuers must collect information on a subscriber's and dependent's PCP at the time of enrollment and annually thereafter from all commercially insured subscribers and any dependents residing in Rhode Island.
 - Designation of a PCP shall not be a condition of enrollment and failure to designate a PCP shall not constitute grounds for cancellation of coverage.
 - The issuer's obligation to collect such information is limited to PCPs: (1) with a participating provider contract with the issuer and (2) who are available to accept the subscriber or his or her dependent.
 - Annual updating of this information may occur either at the time of renewal or during an annual updating period for all subscribers.
 - Information at enrollment may be collected in the format and means deemed most efficient and effective by the issuer.
- **Retention:** Once the information is collected, the issuer shall record the name of the PCP in the electronic enrollment and eligibility record of each subscriber and dependent.
- **Use:** The issuer may use this information as appropriate for purposes including but not limited to benefit plan design and adjudication, provider reporting, provider and patient communications, and provider payment.
- **Reporting:** The issuer shall report to OHIC by April 1 of each year: (1) its efforts in the previous 12 months at collecting the information required, (2) an assessment, using response rates, utilization data, or other reasonable assessment mechanism, of the information's comprehensiveness and

accuracy, and (3) the issuers plans for improving collection methods, if appropriate, in the coming year.

Current Implementation Status

OHIC is currently working with issuers to prepare for the law to take effect at the start of 2013. Issuers will submit to OHIC data collection, retention, use, and reporting plans for approval to ensure that they will meet the law's requirements. OHIC welcomes input from stakeholders on the considerations it should take it account as it reviews the plans developed by issuers for compliance with the law's requirements. Stakeholders should e-mail input to Patrick Tigue at patrick.tigue@ohic.ri.gov by November 20, 2012.